VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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Muy Date signed 7

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Barbara Ellen	Cecument 3. (b) Social Security Number
4. Sex 5. Color of race 8.(a) Single, married, widowed, or divorced Section 1. Color of the section 1. Color of	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) + Con /4 /8 5 / 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace (Town, county, and state)	Due to.
11. industry or business 12. Name	Dither conditions
14. Maiden name The Company of the String of	Major findings of operations
Address 17. Date thereof St. 23 - 1945 (Burlal, cremation, or removal. Which?) Cemetery or crematory. Charty Itali Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Colored Televine & Observation 18. Funeral director Felorian & Observation Address Ellyhor R. H. J. Const.	Injured at home, farm, Industry, public place (where?) Means of Jajury Injured at work? Medical Examiner 23 Signard F. Charles
10 Sept VI 10 45 Il Iraser	M. D. or other

SEP 24 1945 BUREAU V.R.

VS A15

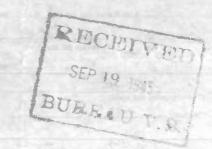
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Diat. No.
City Clown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME / Lenry Carleat Bane	3. (b) Social Security Number
4. See 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH SEPTEMBER 195 at 3 4 M
8.(c) Name of hosband or wife. 8.(c) If alive, she age 3 3 years 7. Birth date of deceased (mo., day, yr.) Pleasery 7, 1886 8. AGE: Years Mosths Days If less than one day 5 9 7 9 1889 18	21.1 SERTIFY that death occurred on the date above stated: that a attended deceased from 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
10. Usual occupation. 11. Industry or business 12. Name William P Barnett 13. Birthplace Resil Co, mo	Other conditions.
13. Birtholace Read Co, Mills 14. Malden name Mary E. Baulshay 15. Birtholace Cecial Co, Mills 15. Birtholace Cecial Co, Mills 16. Birtholace Cecial Co, Mills 17. Birtholace Cecial Co, Mills 18. Birtholace Cecial Co, Mills 19. Birtholace Cecial Co, Mills 19	(Include pregnancy within 3 months of death) Major findings of operations
16. Intermant & louve & E. Burnett	Antopsy results
Burial Burial Bate thereof Chantle (day) (year) Cemetery or crematory Selds Charles	22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide
18. Funeral director. Address Resign Sun. Ind. 19. Chate recist by registrary (Date recist by registrary) (Date recist by registrary)	Injured at home, farm, industry, public place (where?) Means of injury Lajured at work? 23. SIGNATURE M.D. or other Middless

MARKALIN STATE OFFICEREDIT-OF HEALTH AND A CERTIFICATE OF DEATH



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2/50)

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			CERTIFICA	TE OF DEATH Reg. Dist. No. 96	**		
1. PLACE OF DEATH: County Cecil City or town Veterans Administration Perry Point, Md (If outside city or town limits, write RURAL and give nearest town)			Lon, Perry Point, 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State	6 6 0 1		
How long in above place of death? 2 yrs. 3 mo. 21 ds. Hospital, institution, or street address where death occurred: Veterans Administration, Perry Point, Md.			no. 21 da. ry Point, Md.	City or town West Newton (if outside city or town limits, write RURAL and give nearest town) Street No. 9 Eddy Street (If rural, give LOCATION)			
		Seme	es above	2.(a) If veteran, name war. Walka I	•••		
3. (a) FULL NAME		BEAL,	Ignes C. (Mrs)	3. (b) Social Security Number	P		
4. Sex Female	5. Color or race	6.(a)Single	e, married, widowed, or divorced Merried	MEDICAL CERTIFICATION 20. DATE DF DEATH September 10 19.45 46:30 A	Le M		
6.(b) Name of husband				21. I CERTIFY that death occurred on the date above stated: that I attended deceased from			
7. Birth date of			to be 54.	May 20 19.45 to Beptember 109.46 and that I last saw h. 82 alive on September 10 19.45			
8. AGE: Years 54	Mooths	Days	If less than one day	Immediate cause of death OURATION Arteriosclerosis, general, cerebral			
9. Birthplace (Town, county, and etate) 10. Usual occupation Nurse			tate)	and coronary over 2 yrs 5 mo. MEXX Nephrosclerosis Undeterm	in		
11. Industry or business				Que to			
12. HameUnknown 13. Birthplace				Other cooditions Psychoais with cerebrel arteriosclerosis Over 2 yr. 5 mo (luclude pregnancy within 3 months of death)	24		
14. Maiden name				Major findings of operations	•••••		
16 Informan Hospi	itel Recor	ds stratio	on, Perry Point, Md	A. t. Come on obose			
17. Removel (Burial, cremation, or removal, Which?) Cemetery or crematory. Newton Cemetery			0f. 9=10=45 (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide			
Location Newton, Mess.			ha of Our	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?			
18. Funeral director Pennington & Son Address Havre de Grace, Md. 19. Coate per de by registrar) 19. Coate per de by registrary Pennington & Son Registrary Pennington & Son Registrary			E Designation	TROTHINGER It Col. M.C. Clinical Diretor Appres Ve te rans, Administration Baté signed 10-45	٠٠ فير		
			renestrat	/ Perry Point, Md.	******		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH: County	Street No
How long in hospital or institution?	2.(a) ff veteran, name war
3.(a) FULL NAME Robert Brace	3. (b) Social Security Number
Mole Colored married, widowed, or divorced moles Colored married.	MEDICAL CERTIFICATION 20. DATE DE DEATH SEL 1010 1945 at 6.10 Pr. B
6.(b) Name of husband or wite Lelliau Fracly 6.(c) If alive, give age year	21. In CERTIFY that death occurred on the date above stated; that I triended deceased from
1. Birth date of deceased (mo., day, yr.) No informat 1865 1704	and that f last saw h alive on 19. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one daymig.	Dibrichial asthma
9. Birthpiace Warwest Coed Maylow (Town, county, and state) 10. Usual occupation. Labores	ou to Ancial Arterio Solerosis unknown
	Due to.
11. Industry or business 12. Name	Dther conditions
14. Maiden name 20 information	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthpiace no enformation	- Date of op.
16. Interment Charles Brady	Autopsy results.
Address Election my RD 2	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Burial Boto Harand Soft 5-1845	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Location Chesopeake aleghet RD	Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)
24 (11-12	Means of Injury
18. Funeral director Electron 2003	J. I my 4,
19. Sept 5 19 45 FRJuse	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

VS A15

PLEASE

WRITE PLAINLY, WITH UNDING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

HAT HAD SHOW DELIGIOUS OF NORTH

CALL SELECT COLLEGE CONTRACTOR

SER 6 1945 BUREAU V.S PESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

M. D. or other

CEDTIFICATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Diat. No	***************************************
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	0
City or town	State County County	
How long in above place of death?	City or town	t town)
Now long in hospital or institution?	(If rural, give LOCATION) 72.(a) If veteran, name war.	10-4-0000000000000000000000000000000000
	3. (b) Social Security Nu 200-0/-/	mber 1773
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced, married widowed, or divorced,	MEDICAL CERTIFICATION 20. DATE OF DEATH	9404
8.(b) Name of husband or wifer. Alex Densieur	21. I CERTIFY that death occurred on the date above stated; that t attended deceased	d from
7. Birth date of deceased (mo., day, yr.) Mas 27 1883	and that I last saw halive on	
8. AGE: Years Months Bays If less than one day 62 3 12 hrs. min.	Immediate cause of death	DURATION
8. Birthplace (Town, county, and state)	Due to Subvivious	****************************
10. Usual occupation.	Due to	00 00 00 00 00 00 00 00 00 00 00 00 00
12. Name amos By gamble 13. Birthplace Clail Comd,	Diher conditions	
E 14. Malden name Mary & Brown	(Include pregnancy within 8 months of death) Major findings of operations.	
15. Birthplace Call Co, Mdg	Major Hadings of operations	
Address Colova Clail 65, Md,	Autopsy results PHYSICIAN: Plesse underline the cause to which desth should be charged stati	istically.
17. Burial (Burial, cremation, or removal. Which?) Date thereof (day) (year)	Accident, suicide, or homicide	****************
Cemetery or grenorlory of forg	Where did injury occur? (City or town) (County) (S	
ts. Funeral director.	Injured at home, farm, Industry, public place (where?)	100000000000000000000000000000000000000
Address Darlington Md	18 War 1800 Mins	Examiner

Registrar

VS A15

19. (Date rec'd by registrar)

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RECEIVED SEP'IN 1945. BUREAU - L

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MARYLAND STATE DEPARTMENT OF HEALTH



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2411 N. Charles St., Baltimore 937 CERTIFICATE OF DEATH Reg. Diat. No 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... (If outside city or town limite, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 212-14-1285 4. Sex MEDICAL CERTIFICATION 20. DATE OF DEATH 7. Birth date of and that I last saw h deceased (mo., day, yr.) 8. AGE: Bays It less than one day (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name..... (Include pregnancy within 8 months of deeth) 14. Malden na 15. Birthplace 14. Malden name Major findings of operations..... 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, filt in the following; Accident, suicide, or homicide,..... (Burial, cremation, or removal, Which?) Where did injury occur?(City or town) (County) injured at home, farm, industry, public place (where?) .. Means of Injury Injured at work? Address 23. SIGNATURE (Date/rec'd by registrar)

Registrar

HOTALE TO THE STREET BUXES OF A LIVERY



MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 96
1. PLACE OF DEATH: County Cecil Veterans Administration, Perry Point, Md. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 yrs. 8 mo. 23 da. Hospital, institution, or street address where death occurred: Veterans Administration, Perry Point, Md. How long in hospital or institution? Same as above	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State
3.(a) FULL NAME CURREIL, John W.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single S	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 11 19 45 27: 22p. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 19.39 to September 11 19.45 and that I last saw h. i.m. alive on September 11 19.45
8. AGE: Years Months Days If less than one day 67 3 23hrshrs.	Immediate cause of death DURATION Coronary Occlusion Immediate
9. Birkenshaw England (Town, county, and atate) 10. Usual occupation Mechanic 11. Industry or business	Due to Arteriosclerosis, generalized over 5 yrs.
12. Name John Currell 13. Birthplace England	Diher conditions
14. Maiden nameBetty Benton	Major findings of operations. Date of op.
16. Informant Hospital Records AddressVeterans Administration, Perry Point, Md.	Antopsy results. Not performed.
17. Removal (Burial, cremation, or removal. Which?) Cemetery or crematory. Date thereof 9-13-1945 (month) (day) (year) Todd Cemetery.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Company of the PERNITINGTON & SON Habre de Grace, Md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. Salada 13. 19. 45. Presse & Back Registrary [Date rec'd by registrary] [Registrary]	23. SIGNATURE 23. SIGNATURE COL., M.C. Clinter Protector Vergerens Administration Date Signed 9-13-45

Perry Point, Md.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Diat. No.
County (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
How long in above place of death? Hospital, Institution, or street_address where_death occurred: **Linear Spital***	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Morried	2D. DATE DE DEATH DO DE 20 19 40 N
8. (b) Range of husband or wife	21. I CERTIFY that death occupred on the date above stated: that Lattended deceased from 19 7 10 10 19 7 10 19
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Carcentag of bread Mg M Lin 19 for the trees
1D. Usual occupation	Due to
12. Name Dovid Worten 13. Birthplace Block Birth Del	Other conditions
14. Maiden name Capital Canderson 15. Birthplace Delawae 16. Intormant Storage R. Dovid	Major findings of operations. Carcumo and by brown Date of op.
Address Elector Ind. 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Classical Constitution Control Constitution Control Constitution Control	Where did Injury occur?
Address Elkton, Inn. 18. Funeral director Language Address Elkton, Inn. 19. Syst 2 2 19.44 In France at	23. SIGNATURE On L ford & Novelley 40
(Date rec'd by registrar)	Address Date signed Web 1

Registrar Address.....

MARYLAND STATE DEPARTMENT OF BEALTH

RECEIVED
SEP 28 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

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1. PLACE OF DEATH). County City or fown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	
Sireet No. 23 (If rural, give LOCATION)	*********
How long in hospital or institution? 2.(a) If veteran, name war.	• • • • • • • • • • • • • • • • • • • •
3. (a) FULL NAME 3. (b) Social Security Number	This
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	
m. Hitle mairied 20. DATE OF DEATH Selat 20 19 45 , or 9.	400
8.(b) Name of husband or wife. Allle Delle 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Sirth date of 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
8. AGE: Years Monihs Days It less than one day Solution of the state of death Durage of death	ATION
9. Sirihplace County, and state), 10. Usual occupation M. County, and state),	
11. Industry or business	************
12. Name Topleton: heart of the conditions. 3. Stringlage Selection (Conditions)	
(Include pregnuncy within 8 months of death) Major findings of operations.	
15. Birthplace levelle mul. major readings of operations. Bate of op.	
16. Information Autopsy results.	
Address 2.3 6 W - Manual Claslas PHYSICIAN: Please underline the cause to which death should be charged statistically	
Bota thousand Sept 24 145 22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burial, eremation, or perpovul, Which?) (fronth) (day) (yeur) Accident, suicide, or homicide Bate of	
Cemetery or crematory Cruz Hell Cenatter Where did Injury occur? (City or town) (County) (State)	***********
Location Injured at home, farm, industry, public place (where?)	
18. Funeral director. Communication of the control	ninet
Address (With M. D. O Will 23. SIGNATURE M. D. COCK GO M. D. or other	punty

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(Date/rec'd by registrar)

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SEP 24 1945

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

CERTIFICATE OF DEATH

08932

Reg. Dist. No. 96

1. PLACE OF DEATH: Coucly				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State P. I. County			
			URAL and give nearest town)	Tibiso Antique	Mily		
			mos. 8 days	City or town Tibiao, Antique	s. write RURAL and give nea	rest town)	
Hospital, Institution.	or street address where	deelh occurre	**************************************				
			Perry Point, Md.		Street No		
			L mos. 8 days	2.(a) It veteran, name war			
	The state of the s	J.M.W.R	₩., ##\$\d. \$\d. \$\d. \$\d. \$\d. \$\d. \$\d. \$\d.	Z.(4) It veteran, name war		•••••	
3. (a) FULL NA					3. (b) Social Security	Number	
	DELAMO	N,	Ramon		None		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Male	Filipino	9	single	Contombon	27 1.5	. 2 . 55 A	
				20. DATE OF DEATH September			
6.(b) Name of busha	nd or wife			21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dece	sed from	
			c) tf alive, give ageyears	October 13	26 to Septembe	r 21.19.45	
7. Birth date of				and that I last saw him alive on Sept	tember 21	1945	
deceased (mo., da		17, 18		Immediate cause of death		DURATION	
O. ILGE	ars Mooths	Days	It tess than one day	Carcinoma of Lungs &	Liver	Undet.	
52	2 6	4	hrsmin.	Arteriosclerosis, gen		Undet.	
T-1	biao. Anti-	que. P.	I.			İ	
9. Birthptace	biao, Anti	county, and	state)	Dementia Praecox, Heb	ephrenic type	19 yrs.	
10 House accumation	Waiter						
to. Osual occupation	ese Restaur	ant.		Due to	***************************************	•••••	
11. Industry or busin	ess resource			•	38088 8008 800 800 800 800 800 800 800 8	0.00.0000000000000000000000000000000000	
12. Name Marcelino Delamon				Dther conditions		0	
12. Name Marcelino Delamon 13. Biribplace Tibiao, Antique, P.I.			P.I.	4**************************************			
14. Malden name Natividad Gotieref 15. Sirthplace Tibiao, Antique, P.I.			ref	(Include pregnancy within 3 months of death) Major findings of operations.			
			5 T				
15. 81 thplace Tibiao, Antique, P.I.			Polo		Date of op		
15 Jaforman Veterans Administration,			tion,	Autopsy results Carcinoma of	Lungs & Liver		
			**************************************	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.	
Address Perry Point, Md.			0.04.47	22. VIOLENCE: If death was due to externat ca	uses, fill in the following:		
Remogal (Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)			eof. 9-24-45	Accident, suicide, or homicide			
(Burial, cremation, or removal. Which?) (month) (day) (year)			(month) (day) (year)	II.			
Cemetery of Actomator/ Baltimore National Cemetery			IONAL Cemetery	Where did injury occur?(City or town)			
Location Baltimore Md. 18. Funeral director PENNINGTON & SON				injured at home, tarm, industry, public place (v	where?)		
				Means of Injury	Injured at work?		
18. Funerat director	PENNINGTON	& SON		2-1.	,		
Address Havre de Grace, Md.				11. E. NE		uno	
1 1 en 1 x			en U x	A. SIGNATURE ROLLINGER, Lt.	Col., M.C., OLbr	nond Dirl	
19. (Date/sec'd by registrar) Registrar			a . Day may by		Md. Bala planed	9-22-45	
(Date/pc'd by registrar) Registrar				Address	nate signed.		

control cario Swall District Street of the company the factors and the Texture State of the Land ROTTADI ULTERA LEMBURA Lordy Geral (18) a de cuita chia de mantela .t. a your Line you theatt [] begg alped to the leader to the Water and the second T. L. BURKSELE, M. L. E. Entry House, and THE STATE OF THE S

2411 N. Charles St., Baltimore

08933

3. (b) Social Security Number

CERTIFICATE OF DEATH

Reg. Dist. No. 96 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D.C. Cily or town VETERANS ADMINISTRATION Perry Point, Md (If outside city or town limits, write RURAL and give nearest town) Stola . Mashington City or town 7 months 12 days At ontside city or town limits write RIRAL and give negrest town Rospital, Institution, or street address where death occurred: 3749 Jenifer St., N.W. Veterans Administration Perry Point, Md (If rural, give LOCATION) Worer Rebellion How long in hospital or institution? Same as above

3. (a) FULL NAME

Male

1 PLACE OF DEATH.

How long in above place of death?

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BINDING

FOR

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MARGIN

4. Sax

GOVER, Arthur

5. Color or race 6.(a)Single, married, widowed, or divorced

Mhita Widowar

6.(b) Name of husband or wife.....

7. Birth date of October 15, 1876 deceased (mo., day, yr.)

Months 8. AGE: Years Days If less than one day 68 10 26 hre

Virginia 9. Birthplace..... (Town, county, and state)

10. Usual occupation ...

11. Industry or business Samuel A. Gover

Waterford Va. Teperance Matthews 14. Maiden name.

14. Maiden nar 0 15. Birthplace Baltomore County - Md. Hospital Records

Address Veterans Administration Perry Point . Md

17. Removal (Burial, cremation, or removal, Which?) Date thereof... (month) (day) (year)

Cemetery or crematory Cedar Hill

Washington, D.C.

18. Funeral director

Penningten & Son, Havre de Grace Mi. Address

Means of thiury

Meningo-Encephalitic type

21. I CERTIFY that death occurred on the date above stated: that I atlended deceased from January 29 to 45 to Saptember 10:45

and that I last saw h im alive on September 10 19.45 Immediate cause of death.

Central Nervous System Lues-

MEDICAL CERTIFICATION

20. DATE DE DEATH September 10 1945 at 2:40P.M

Myocardial insufficiency (cause syphilis) Over 1 yr.

Other conditions Psychosis with Synhilis of the Central Nervous System (Include pregnancy within 3 months of death)

Autopsy results....Not... De ref orme d...... PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Where did Injury occur? (City or town) (County)

Injured at home, farm, industry, public place (where?)

injured al work?

TROLLINGER Lt . Col ., M.C. Registrar

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A.B. TROUBLESH, IN. COL.,

. Tr. J 1.87

2411 N. Charles St., Baltimore 83-0

M. D. or other

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) City or town. 50 (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospital, Institution, or street address where death occurred: Street No..... (If rural, give LOCATION) How tong in hospitat or institution?. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION 20. DATE OF DEATH... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Rirth dale of deceased (mo., day, yr.) DURATION Days If less than one day 8. AGE: min 9. Birthplace (Town, county, and state) 1D. Usuat occupation. 11. Industry or business 13. Birthniace (Include pregnancy within 3 months of death) 14. Malden na 15. Birthpiace Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the following: Accident, suicide, or homicide..... (month) (day) (year) Where did tajury occur? (City or town) (State) Injured at home, farm, Industry, public place (where?) Injured et work? Means of Injury 18. Funeral director. Address

Registrar

PLAINLY, is especially WRITE

correct age

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information care of death clearly

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 402

CERTIFICATE OF DEATH

Reg.	Diat.	No.	9	2	

	Reg. Dist. No.
1. PLACE OF DEATH: Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
K 7 1-4	State County County
City or town	City or town (1f outside city or town limits, write BURAL and give nearest town)
Rospital, lostitution, or street address where death occurred: Union Hospital, Elkton, Md.	Street No. (If rural, give LOCATION)
Bow long In hospital or institution? 5 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number 204-07-7908
4. Sex 5. Color or race 8.(a) Single, married, with wed, or divorced	MEDICAL CERTIFICATION
well with munich	20. DATE DE DEATH 26 - 19.46 21745 A M
6.(6) Name of husband or wife. Cluse Hussell	21 I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h alive on all 2 3 4 4 18
deceased (mo., day, yr.) 8. AGE: Years Months Day If less than one day	Immediate cause of death
40 B 26hrsmin.	
8. Birthplace (Town, county, and state)	Due to Carenam y Calin
18. Usual occupation Laborer	Due to.
11. Industry or business	
E 12. Name James A Small Sr. Sr. 13. Birthplace Warrick Md.	Bither conditions
	(Include pregnancy within 8 months of death) Major findings of operations. 12 - 3 - 4 5 -
14. Malden name altyphicis trulus 15. Birthplace Cence by	Major findings of operations
16. Intermed Clara Hamiston	Autopsy results
Address 116 Bell's Lane Elkton, Md.	22 VIOLENCE, If death was due to external squeec fill in the following:
Burial Barial Bate thereof Sept. 29, 1946 (month) (day) (year)	
Cemetery or crematory Providence Cemetry	Where did injury occur?
Location El kton, Md.	Injured at home, farm, industry, public place (where?) Means of injury tnjured at work?
Address 909 Poplar St. Wilm. Del.	D P 0001 1
8 - + 2 9 11 FR7	23. SIGNATURE
(Date rec'd by registrar)	Address Set 2 le 4 le Bate signed 9/84/4 le

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OCT 1 1946
BUREAU V E

(18935)

CERTIFICATE OF DEATH Reg. Diat. No				
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (Egr newborn infants give residence of mother)			
County	State Maryland County County			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, of street and as whose death occurred. Hospital	Street No			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME 4. Sex 5. Color of face 6. (a) Single, married, wildowed, or divorted	3. (b) Social Security Number			
male white Lingly	MEDICAL CERTIFICATION 20. DATE OF DEATH			
6.(b) Name of huaband or wife. 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from			
7. Birth date of deceased (mo., day, yr.) Left 22 1945	and that I last saw h			
8. AGE: Years Months Days If less than one day	Immediate cause of death			
8hrsmin.	Migullan			
9. Birthplace (Town, county, and state)	Due to			
10. Usual occupation	Due to gestallor			
E 12. Name See Handton 13. Birthplace Penducker	Dither conditions			
	(Include pregnancy within 3 months of death)			
14. Maiden name Esse alsoss 15. Birthplace / Lentruly	Major findings of operations.			
\$ 15. Birthplace furturely	Date of op,			
16. Informant	Autopsy results			
Address Colores Md	22. VIOLENCE: If death was due to external causes, fill in the following;			
17(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory & Sala Les T	Whera did injury occur?			
Location Description Maintenance	Injured at home, farm, Industry, public place (where?)			
18. Funeral director	Means of Injury Injured at work?			
Address Pisen Sun Mai	23. SIGNATURE LAND COLON M.D. or other			
(Date rec'd by registrar) (Bate rec'd by registrar)	Address lessing Sen Monte algored 9/30 -4			

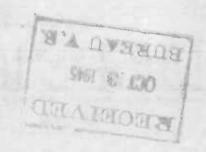
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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

VS A15

WRITE PLAINLY, '

PLEASE



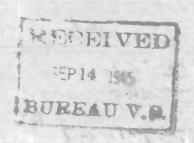
CERTIFICATE OF DEATH

... Date signed

	arles St., Baltimore (Pad)
CERTIFICA	ATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland south beard
(If outside city or town limits, write RURAL and give nearest town)	m m
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
uspiral, institution, of street audiess where userly securicu.	Street No. (1f rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Franklin Johnson	218-07-879
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
you white knassied	20. DATE DE DEATH SIBL 9 - 1945 21/0.48
(b) Name of husband or wife. A Orall Amsoo	21, I CERTIFY that death occurred on the date above stated; that Lattended deceased from
5.(c) If alive, give age 6.9 ye	10 venber 914 1940, 10 Sept 9 - 1945
Sirth date of deceased (mo., day, yr.) Nov. 27-1867	and that I last saw h./
AGE: Years Months Days If less than one day	Immediate cluse of death DURATION
77 10 17hrs.	in.
Barreus mail Eno-ma Ati	- General Wiesco Splesoner Zentine
Birihplace (Town, county, and state)	Due 10.
D. Usual occupation. Allera machanest	General Chronis arthritis would
1. Industry or business	
12. Name Philliam Johnson	Dither conditions
13. Birthplace agail Cont. Ind RD1	
14. Malden Chelelinche Fromble	(Include pregnancy within 8 months of death)
15. Birthplace Doub East Md RT 1	Major findings of operations.
Mis Camara Erica	Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Tod Carresoft Die Milmingson	22. VIOLENCE: If death was due to external causes, filt in the following:
(Burial, eremation, or removal, Which?) Date ther (1	Accident, suicide, or homicide
Cemetery or crematory B Cemetery	Where did injury occur?
B	tnjured at home, farm, industry, public place (where?)
location C C +	Means of Injury Injured at work?
18. Funeral director	- Gymas in
Address North lesk hid	23. SIGNATURE (Ft. 1) Dright
9/12 - 1945 Traa V. Owens	2 3. Signature M. D. on other
(Date rec'd by registrar) Registr	ar Address PM ORST - Date signed 1/0/4

MARGIN RESERVED FOR BINDING

VS A15



PLEASE WRITE PLAINLY, WITH UNRADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

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CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Coul	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of muther)
City or lown (If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealh? Hospital, institution, or street address where death occurred:	(If outside city or tuwn limits, write RURAL and give nearest town) Sireel No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME allen Kirk Lo	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH 20. DATE DE DE DEATH 20. DATE DE DE DEATH 20. DATE DE
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from
7. Birth date of deceased (mo., day, yr.) July 10 1883	and that I last faw h
8. AGE: Years Months Days If less I han one day 2 / Ohrsmin.	Ornely- Theunny
9. Birthplace Place and till cife had	Due to.
10. Usual occupation	Due Io
11. Industry or business 12. Hame	Other conditions
14. Maiden name Theresa atkinson 15. Birthplace	(tnclude pregnancy within 3 months of death) Major findings of operations.
E 15. Birthplace 18. Informani Mas Guna M. Logan	Autopsy results
Address & laten R D who	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
(Burlal, cremation, or removal, Which?) Dale thereof School (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Collues &	Injured al home, farm, Industry, public place (where?) Means of Injury Injured al work?
Address	d so c souls f
Sept 3-1 1/2 7/17	23. SIGNATURE THE TOUR THE M. D. ur other
19. (Date rec'd by registrar) Registrar	Address Z CPCPW 1 Date signed Date signed

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Company (Fig. 1)

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SEP 24 1945

BURHAU V.S.

2411 N. Charles St., Baltimore 30-

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLÁCE OF DEATH: County Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Perry Point, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Penna. County Allegheny Swissvale		
How long in above place of death?307days	City or town. (If outside city or town limits, write RURAL and give nearest town)		
Hospital Institution or street address where death occurred:	street No. 1808 Lafayette St.		
Veterans Administration Facility	(If rural, give LOCATION) 2.(a) If veteran, name war. 3.(b) Social Security Number		
How long in hospital or institution? 307 days			
3. (a) FULL NAME			
MAHER, Joseph D.	Unknown		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	2D. DATE OF DEATH. September 18 1945 21 9:15 P.M		
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 15		
9.(c) tt alive, give ageyears	and that I last saw him alive on September 18 19.45		
deceased (mo., day, yr.) April 15, 1890	Immediate cause of death		
8. AGE: Years Months Days ttless than one day	Myocardial Degeneration, due to		
55 5 3hrsmin.			
9. Birthplace Roseburg, Pa. (Town, county, and atate)	Due to Syphilis of Central Nervous Sys. over 20 yrs		
to. Usual occupation Coal Miner			
	Due to		
t1. Industry or business Mining	Deal de sitte Combilitie of oron 20		
12 Name James F. Maher 13. Birthplace Pennsylvania	Other conditions Psychosis with Syphilis of over 20		
13. Birthplace Pennsylvania	Central Nervous System, Meningo- yrs. (Include pregnancy within 3 months of death) Vascular type		
14. Malden name. Katherine Garrity			
E 14. Molden name. Katherine Garrity. 15. Birthplace Pennsylvania	Major findings of operations.		
	Date of op		
ts informant Hospital records	Autopsy results.		
Address VAF, Perry Point, Md.	PHYSICIAN: Please underline the cause to which denth should be charged statistically.		
3017	22. VIOLENCE: It death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory St. Johns Cemetery,	Where did injury occur?		
Localion Geistown, Pa.	Injured al home, farm, industry, public place (where?)		
Location	Means of Injury — Injured at work?		
19. Funeral director PENNINGTON & SUN	1.3 Lellery		
Address Havre de Grace, Md.	23. SIGNATURE TROLLINGER, LT. COL., M. G. C. C. DIR.		
19. Safety 9 19 41 Transa & Danghas L. Registration			

WITH UNFADING-KKK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. BESERVED FOR PLEASE WRITE PLAINLY, WITH UNF is especially important.

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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170%)

(day)

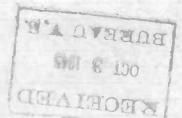


2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

CERTIFICATE OF DEATH

	08940年
Reg. Dist.	No. 92

(If i	rurai, give LOCATION)		1
2.(a) If veteran, name war	••••••		
ll.		ocial Security Number	2.
MEDIO	CAL CERTIFIC	ATION	
20, DATE OF BEATH	ilepher	29 19 45 31 3	0-
21. I CERTIFY that death occurred on t	he date above stated; tha	it I atlended deceased from	
	, to	1	9
and that I last saw halive on		1	9
Immediate cause of death			ATION
XXXXX	win		******
Marita	101,1	2	******
Due to			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******
Due to			
Dther conditions		100000000000000000000000000000000000000	
(Include pregnancy	within 3 months of dea	th)	
Major findings of operations			
***************************************	0	late ot op	*****
Autopsy results		and be about a statistically	
			•
22. VIOLENCE: It death was due to Accident, suicide, or homicide.		Date of 9/29.	4
Where did injury occur?	ton Rural	Cerl m	a
where did injury occurr (City	or town)	Compty) (State)	1
Injured at home, tarm industry, public		/	
Means of Injury	MR · Inju	red at work?	<u> </u>
(1) 0		1 Medical	Ex
IN VOA	LANDA	11/1/2 -	0.0



M. D. or other

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

CERTIFICA	TE OF DEATH Reg. Dlat. No
I. PLACE OF DEATH: Coucty City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospital, institution or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Strest No. (If rural, give LOCATION) 2.(a) If veteran, name war.
	Fonald. 3.(b) Social Security Number
4. Seam 5. Color or race 6.(a) Single, married, widowed, or divorced Multiple Multiple 1	MEDICAL CERTIFICATION 20. DATE DF DEATH. Sept. 3 19.45 at 50 > 0.45
6.(b) Name of husband or wise all ele Monuela 6.(c) If alive, give age 3 8 years 7. Birth date of	21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from
8. AGE: Years Months Days It less than one day 47 / 6	Immediate canse of death let would. Due to Celebrate Duration
10. Usual occopation. Zaloel. 1t. Industry or business 12. Name. Clark. Donald. 13. Birthplace culture.	Due to
14. Maiden nome Will Pallerson 15. Birthplace Cults vor	(Include pregnancy within 5 months of death) Major findings of operations. Bate of op.
16. Informati Carries in Danced. Address Elleton Md.	Antopsy results
(Burial, cremation, or removal. Which?) Cemetery or crematory Location Date thereof. (Guy) (year)	Accident, suicide, or homicide
18. Funeral director Pulp R Grand	Means of Injury State Injured at work?

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

Address

Sept 5
(Date rec'd by registrar)

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimo

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08942

CERTIFICAT	TE OF DEATH Reg. Diat. No. 97
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME Whald Joseph . mc	3. (b) Social Security Number 190-10-9030
4. Sex 5. Color or race & Ga Single, married, widowed, or divorced Successful Single, successfu	MEDICAL CERTIFICATION 2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Celly 30 - 1676	and that I last saw h
8. AGE: Years Months Days If less than one day	@MMMyreadles
9. Birthplace Town, county, and state) 10. Usual occupation The Town, county, and state)	Due to
11. Industry or business 12. Name	Dther cooditions
14. Maiden name Mary May, 15. Birthplace eveland	(Include pregnancy within 3 months of death) Major findings of eperations
16. Informant Adjust M. Me Elyan Change	Autepsy results
(Burial, cremation, or removal, Which?) Cemetery or crematery. Dale hereof. (month) (day) (year)	Accideni, suicide, or homicide
Location Vortage Perce	Injured at home, farm, industry, public place (where?)
19. Funeral director 14 certification and the second secon	Means of Injury Injured at work?
19. Sept 10 18 45 FR France (Date ref d by registrar) (Date ref d by registrar)	Address Resurg Semma Date signed - 7-45

RECEIVED

SEP 12 1945

BUREAU T.S.

WRITE

PLEASE

(Date rec'd by registrar)

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERT	IFIC	ATE	OF	DEA	TI
	II. I.C.	AIL		111.6	

1	IE OF DEATH	Reg. Dist. No.
	2. USUAL RESIDENCE (HOM (For newborn infants give resident) State	nco of mother)
	City or town Elkton	n limits, write RURAL and give nearest town)
	Street No. 107 Clinto	n St.
	2.(a) If veteran name war	, , , , , , , , , , , , , , , , , , , ,

County	bece	1		
		aryla	nd URAL and give nearest town)	
How long in above place o Hospital, Institution, or s	treel address where de	ath occurred:		
usin Di	ten Hosp	ital	***************************************	
How long In hospital or I	nstitution?	l we	ek	h
3. (a) FULL NAME				
	Lucy	Mitch	ell	
4. Sex	5. Color or race	6.(a)Single,	, married, widowed, or divorced	
Female	Colored	Y	lidowed	
R (I) Name of husband of	wife C	harle	s Mitchell	4
7. Birth date of deceased (mo., day, yr.		_) It alive, give ageyear	S
8. AGE: Years	Months	Days	If less than one day	=
58			hrs,min	
8. Birthplace	lkton, M	aryla	nđ ate)	-
10. Usual occupation				
11. Industry or business				-
置 12. Name	Unknow	n	***************************************	
13. Birthplace	16			
14. Malden name 15. Birthplace	Eliza A	nders	on	
				-
1B. Intormant				
Address 10	7 Clinto	n St.	Elkton, Md.	_
(Buriai, eremation, o	or removai. Which?)	Dale thereo	(month) (day) (year)	
Cemetery or crematory	Elkton	Gemet	ry colored	
Location	lkton. M	a.		
1B. Funeral director	Dolu	110	BULL	
Address 900	Poplar S	to le	ling. DEl.	

	3. (0) Social Security I	lumber
	None	
MEDICAL, CI	ERTIFICATION	11
20. DATE OF DEATH 85	30 - 1945	al 4. 5
21. I CERTIFY that death occurred on the date abo	ve stated; that I attended decea	sed tromes
8 / / 2 2 19.	41-, to 88	30 19 4
and that I last saw h		
Immediate cause of death		DURATION
Immediate cause of death	English	120
Due to Chansas /	1 Joranhil	2,

Due to.	Maria.	7
	***************************************	***************************************
Other conditions		***************************************
(Include pregnancy within 8 n	nonths of death)	
Major findings of operations		
Autopsy results		
22. VIOLENCE: If death was due to external cau-	ses, flil in the following;	
Accident, suicide, or homicide	Date ot	
Where did injury occur?(City or town)	(County)	(State)

injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE

Address.

Injured al work?

BILBOEAU V

MARYLAND STATE DEPARTMENT OF HEALTH PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

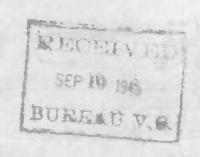
2411 N. Charles St., Baltimore Blos

08944

CERTIFICATE OF DEATH

	2001 2100 101 1101 1111 1111
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 240	State Ind. Spunty Clerk
City or town	City or lown Resing Sun Rural.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Hannah Referea)	noorl
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White widowed	20. DATE OF DEATH Settembar 5 1645 at 5.50P
S.(b) Name of husband or wife Julion more	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7-29 1945, 10 9-5 1945
7. Birth date of deceased (mo., day, yr.)	and that I last saw h S.R. alive on 9-5 1940.
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
79 9 19hrs.	Chronic Mes Mules
00 34 0 2-1	
9. Sirthplace (Town, county, and state)	Oue to.
10. Usual occupation Retired	# 1 7 3
11. Industry or business	Oue to
12. Name John St. Ture 13. Birthplace Ohio	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Catherne Shank 15. Stribplace Penna.	Major findiogs of operations.
₹ 15. 8\rithplace \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Oate of op
16. Informant me atthe mellennings	Autopsy results.
Address Rising & un. md, R. J.D	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
17 Burial Date thereof SAT 9 184	22, V10LENCE: If death was due to external causes, fill in the following;
(Burlat, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Dogo VIII	Where did injury occur?(City or town) (County) (State)
Location Rising & un nd	injured at home, farm, industry, public place (where?)
18. Funeral director. A. E. Zwan	Means of Injury Injured at work?
p. / hal	D. Dup
Address Colons & Congress of the Colons of t	To SIGNATURE David To June De.
14 Sep 1- 10 Kennyolhuigi	M. D. or other M. D. or other
(Date set a bu registrac) () - 9 - 4/A Regist	Address X Hord 4-5-4

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

E OF DEATH Reg. Dist. No. .. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 8 months of death) Major findings of operatious..... PHYSICIAN: Please underline the cause to which death should be charged statistically, 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, eulcide, or homicide Where did injury occur? (City or town) (County) injured at home, farm, industry, public place (where?) Medical Examiner M. D. or other Date signed 7

			CERTIFICAT
1. PLACE OF DEATH	20	- 0	
County	Klyl	1	
City or town(If outside	city or town lim	its, write R	URAL and give nearest town)
How long in above place of dec Hospital Institution, or etreet	address where de	hul	al Elektor Blo
How long in hospital or instit	ution?	X.,	
3. (a) FULL NAME	les	1	res L
4. Sex 5. C	olor or race	6.(a)Single	, married, widowed, or divorced
m. 2	lute	d	Deroved
6.(b) Name of husband or wit	L	•••••••	
***************************************) If alive, give ageyears
7. Birth date of deceased (mo., day, yr.)			1895
8. AGE: Years	Months	Days	If lese than one day
50			hrsmin.
9. Birthplace Dans	(Town, co	anty, and s	nate)
10. Usual occupation	Lolong	Z	
11. Industry or bythiness		24	•
12. Name 12. Name 13. Birthplace	1/2		with the
	m	: 13	anea (
H 14, Malden name	Vingge		
16. Informant	lter.	my	wich.
Address Da	- elle	1	13
17 Remova	moval, Which?)	Date there	(month) (day) (year)
Cemetery or crematory	Donvill	L	***************************************
Location	ville,	Va	3
18. Funeral director	wit	pp	uje
Address Zer	Ktow "	20	X
19. Of Date rec'd by registrar	19.45	**********	FRFrage

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Registrar

(Date/rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city on town limits, write RURAL and give nearest town) (If rurai, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from (Include pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (State)

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Name and Address of the Property and St.

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CERTIFICATE OF DEATH 1. PLACE OF DEATHS 2. USUAL RESIDENCE (HOME) OF DECEASED: The collegibly. (For newborn infants give residence of mother) Ilf outside city of town limits, write RURAL and give nearest town) information carefully of death clearly and Hospital, institution, or street address where death occurred: Street No .. How long to hospital or institution? 3. (a) FULL NAME item of i RESERVED FOR BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) Supply lease wr 8. AGE: Years 9. 9lrihplace. Town, county, and state) 10. Usual occupation. MARGIN 11. Industry or business important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden nam Major findings of operations..... E 15. Birthplace

(month) (day) (y

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Means of Injury

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WRITE

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Address

Location

19. Fuoeral director

(Burial, cremation, or removal, Which?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 947

(If rurai, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) injured at work? Medical Examiner

> for Cecil County M. D. or other

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SEP 22 1945

08948

Reg. Diat. No. 92

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stato
How long in hospital or institution?	2.(a) 11 votoran, namo war
3. (a) FULL NAME JAMES. WASHINGTON. J. W. Jenning toy	3. (b) Social Security Number 705-09-0233
4. Sox 5. Color or race 6.(a) Single, married, widowod, or divorced M. Mane of husband or wife	2D. DATE OF DEATH. 20 DEATH 19 40 at 12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
7. Birth date of doceased (mo., day, yr.) 8. AGE: Yoars Months Days It loss than one day 7. 7. 26	Immediate cause of death. Immediate cause of death. Ourselve of death. DURATION 48 Asur
B. Birthplace Chesterville, text Co, M.S. (Town, county, and state) 10. Usual occupation. Retl. P.R.	Due to Acuts Economy Occhesing Vans 4
11. Industry or business 12. Name Velling Formunation 13. Birthplace Claton Mod	Other conditions Paralities left Dubts
Handler namo. Many Brenze. 15. Birthplaco No Onf.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Elk Mills, Max	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It doath was due to external causes, Illi in the following;
(Burial, cremation, or removal, Which?) Cemplery or crematory.	Accident, suicide, or homicide
Location / Tent, Co Mill	Injured at home, farm, industry, public place (whore?)
18. Funoral director	Moans of Injury Injured of work?
Address Olkton, md	23. SIGNATURE On Cloud R. Spreche LD. M. D. grother
19. (Daje rec'd by registrar) Registrar	Address Elle In M Q Dato signed Supt /1

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SEP 19 1945

CERTIFICATE OF DEATH

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r	Dag	Diet	No	70
1	Log.	DIST.	140.	*********

			ries St., Baltimore 2006	-A- 06
7		CERTIFICA	TE OF DEATH	Reg. Dist. No. 96
1. PLACE OF DEATH	H:		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
County Cecil		emphalls Woods		ounly
City or town (If outsi	de city or town limit	amphell's Woods	10	
Now long in above place of d	leath?		City or town Baltimore (if outside city or town limi	
Hospitat, Institution, or sire				creet
			2.(a) It veleran, name war World	War II
3. (a) FULL NAME	III III III III III III III III III II		Livy it result, take water	3. (b) Social Security Number
	PORTERA,	Philip		J. (0) Bucial becarry ramper
4. Sex 5.	Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION
Male	White	Single	20. DATE OF DEATH September	19 1945 at 6:00 Pm
6.(b) Name of husband or v	wife		21. I CERTIFY that death occurred on the date at January 13	bove stated; that I attended deceased from 45 to February 4 1945
7. Birth date of		6.(c) ti alive, give ageyez	and that I last saw h.imalive onFeb	oruary 4 1945
deceased (mo., day, yr.)	October	16, 1913	Immediate cause of death	DURATION
8. AGE: Years	Months	Bays It less than one day	Decomposed body - ca	ause of
31	11	3m	death undetermined	7 mos.
9. Birthplace Balt	timore, Md	onty, and state)	Due to	
D ₁	(Town, con	chant		
		VIIAIIV	Due to	
11. Industry or bosiness)		
置 12. Name	100	astera	Dther conditions	
13. Birthplace	Offer	know	(Include pregnancy within §	8 months of death)
14. Malden name	Jarah	July 40	Major findings of operations	
15. Birthplace	de	known		Bate of op.
16 Informant Hospi	ital Recor	ds, Vets. Administrati	on Antopsy results	
	y Point, N		PHYSICIAN: Please underline the caose to	which death shoold be charged statistically.
	7		22. VIOLENCE: 11 death was due to externat c	
Removal 9 (Burlal, cremation, or	removal Which?)	Date thereof Sept221-1945		Date of
Cemetery or crematory	Tew (alhedral	Where did injury occur?(City or town) (County) (State)
Location Ba	Olimore	o Md.		(where?)
Geo	orge L. Sc	chwab 4 / 2 4 1 -1	Means of Injury	Injured at work?
18. Funeral director Trans	E-A-PATTE	BON Longe & Schm	161000	Median Examiner
Address		Md. U	2 SIGNATURE COOC	ARONNEA Fil Country
2101 Freder 19. 6-7. (Date fee'd by fregist	rick Ave.	Baltimore, Md.	11/11/11/11	M. D. or other
(Date rec'd by regist	rar)	Pagistr Vegistr	Address Call To	un Mart signed 9-22-45

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rec	CERTIFICAL	TE OF DEATH Reg. Dist. No.
efully. The cory and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants five residence of mother) State
car		Street No
on	How long in hospital or institution?	2.(a) If veteran, name war.
information carefully of death clearly and	3. (a) FULL NAME Orene M.	Rallau 3. (b) Social Security Number
item of in e causes o	4. Sey 5. Color or race 6.(a) Single, married, widowed, or divorced Lewale White Married	20. DATE OF DEATH SINTENDER 1 - 145 8.A.
the the	8.(b) Name of husband or wife Agent Gagan 8.(c) If allve, give age 46 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
ev	7. Birth date of deceased (mo., day, yr.) May 1. 1900	and that I last saw h. 2 alive on
Supply ever lease write	8. AGE: Years Months Days If less than one day	Immediate cause of Jeath My ocardities 15 yrs
Splea	70 14hrsmin.	4
INK ins:]	9. Birthplace (Town, county, and state)	Due to.
C.53	10. Usual occupation	Due to Thermatic Flesh-
ADIN Physi	11. Industry or business	
F-	12. Name Searge M. Servel 13. Birthplace Narford CO. Will	Diher conditions
		(Include pregnancy within 8 months of death)
WITH UNI	14. Melden name Willy K. Mill. Nay 15. Birthplace Celil Co., Will.	Major findings of operations
-	16. Informant S. Paullas Racan	Bate of op.
PLAINLY, is especially	Address Post ouring - U.A.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
AID	Burial Set 11 1011	22. VIOLENCE: If death was due to external causes, fill in the following:
PL is e	(Burial, cremation, or remove) Which)	Accident, suicide, or homicide
	Cemetery or cremators W. L. S. T. U. S. L. W. J. S. L. W. L. S. L.	Where did injury occur?
WRITE	Location Location Luca, Mila Luca,	Injured at home, farm, Industry, public place (where?)
	18. Funeral director Lela Catterson & Son	Means of Injury Injured at work?
PLEASE	Address Perryville, and.	23 SIGNATURE & TOSMAN, MAN.
PL.	19. (Depte rec'd by registrar)	Address Part Schau, Web Bale sleped 9-2-45
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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

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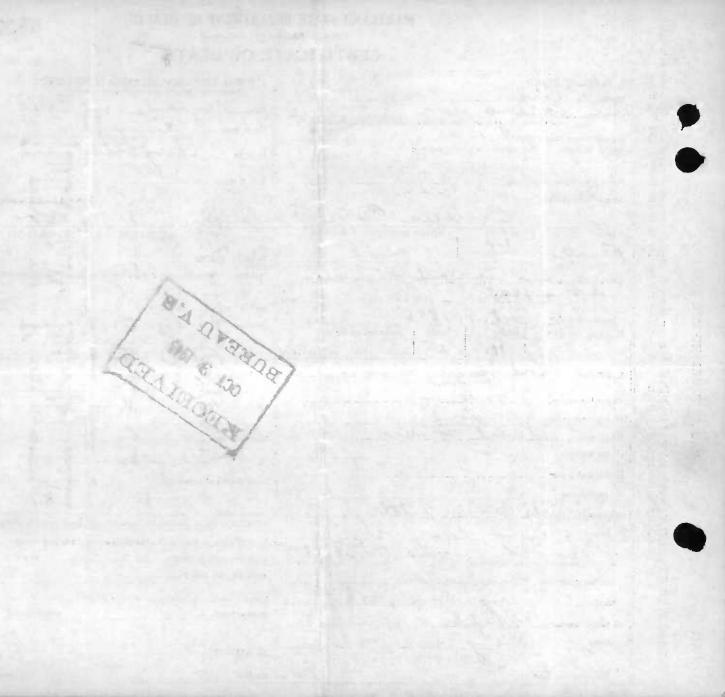
	ERTIFICATE OF DEATH Reg. Diat. No. 95
1. PLACE OF DEATH: County	
3. (a) FULL NAME Rebecca C	rter Richardson 3. (b) Social Security Number
9. Birthplace	20. DATE OF DEATH. Slit
14. Maiden name	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, sulcide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, lodustry, public place (where?)

WS A15

(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADINGINK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9220

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CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 21. I CERTIFY that death occurred on the date above stated; that Jettended deceased from 6.(6) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Immediate cause of death DURATION 8. AGE: if less than one day 10. Usual occupation. 11. Industry or business 12. Name Diher condition 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden name. Major findings of operations..... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: month) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, or homicide...... Where did injury occur?(City or town) (County) injured at home, farm, industry, public place (where?) Means of injury Address 23. SIGNATURE. (Date rec'd by registrar) Registrar Date signed. ...



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

M 12	115	OFOY
Reg. D	iat. No	200

2411 N. Char	les St., Baltimore &	
CERTIFICA	TE OF DEATH Reg. Diat. No.	26
1. PLACE OF DEATH: County City or town. (If outside city or town/limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest to street No. (If rural, give LOCATION)	own)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Inda annal of	Melling 3. (b) Social Security Numb	er
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 2.6 19 45 at	745 P. M
6.(c) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.)	and that I last saw h	19 45.
8. AGE: Years Months Day's If less than one day		DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation.	Dire to	2 1000
11. Industry or business	oue 10	
12. Name of fine of the state o	Dther conditions	
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations.	
16. Informant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistic	
Address Me Me Masset, Mark 28, 945	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, euleide, or homicide	
(Burial, cremation, or removal. Which?) Cemetery or crematory (Manual Manual	Where did injury occur?	
Location L. Sharpy D. Sharpy Mills Amarik	Injured at home, farm, Industry, public place (where?)	100000000000000000000000000000000000000
18. Funeral director Sun G. Saltassbyr Y. S. Mar.	Means of Injury Injured at work?	-m/
Address Caryville, Mar.	23. SIGNATURE & STANDON	MA
(Dasfree'd by registrar)	Address Park Debact, Date signed 9	27-48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County Plulalles
(If outside city or town limits, write RURAL and give nearest town)	During
How long in above place of death?	City or town (If outside city on town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(d) If veteran, name war
3. (a) FULL NAME Work Spenne	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
or hule tridors	20. DATE OF DEATH Sefet 2/ 19 45 11 3 184 M
8.(b) Name of husband or wife Charles Hencer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	9/20 19 45 to 9/2/ 18 45°
7. Birth date of	and that t last saw he alive on 9/20 19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediato cause of death OURATION
58 Oct 13 min.	
Deallery Con.	The same of the sa
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation.	moris mure and lies of the
11. Industry or business	Due to Presentia not known
E 12. Name Luomas Suskem	Other conditions
13. Birthplace Reading	(Include pregnancy within 3 months of death)
14. Malden name Dozinski	Major fiadings of operations.
15. Birthplace Reading Va.	Dats of op.
18. Informant Leve I Deman	Autopsy results
Address Plaines sund Managena,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Division Date thereof Select. 26, 1943	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Continuant	Where did Injury occur?
Location Seguring Dexiso Cong Lay	Injured at homo, farm, Industry, public place (where?)
18. Funeral director al alternary 4 5000	Means of Injury Injured at work?
Address Perryville Md.	(x) (b) relean wife
But here & GO DA	Z3. SIGNAJURE: M. D. on other
(Dade rec'd by registrar)	Address Klain & Sell Malate signed 121-45

BENEFIT IN PURIFICION OF STATE OF PARTIES.

BUREAU V. R. BUREAU V. R.

2411 N. Charles St., Baltimore

1		CERTIFICAT	TE OF DEATH	Reg. Dist. No	96
How long in above pla Hospital, institution, Vetétans	Cecil Cans Adminis foutside city or town lit ace of death? 13 y or street address where d administrati	on Perry Boint, Md.	City or town WINCHE STEF. (If outside city or town lin Street No. 321 S. LOU	County Frederick inits, write RURAL and give nea adoun St. ive LOCATION)	arest town)
3. (a) FULL NA	ME	PRINT, Frank H.	2.(d) If veteran, name war	3. (b) Social Security	
4. Ser	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Single	2D. OATE OF DEATH September		1 11.004
	1				
6.(b) Name of husba	nd or wife		21. I CERTIFY that death occurred on the date :	above stated; that I attended decea	ased from
7. Birth date of	***************************************		and that I last saw h im alive on	Sentember 28	19.75
7. Birth date of deceased (mo., da	y, yr.) May 15,	1887			
	ars Months	Days It less than one day 13 — hrs. — min.	Dementia Precox, Heb	ephrenic Type	ouration 13 yrs.
10. Usual occupation 11. Industry or bush	Salesman	t	Due 10.		
12. Name	Thomas Sprin Unknown	16	Other conditions Abscess of Lu	ing Ur	determin
14. Malden nam 15. Birihplace	Mamie R. Unknown	Hunston	Arteriosclerosis, gen (Include pregnancy within Major findings of operations		
16, InformactH	ospital Reco	ords stration,Perry Point, M	Autopsy results. Same as abo	ve	
17Rem	oval on, or removal. Which?) alory	Bate thereot 9-29-45 (month) (day) (year)	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	Date of	(State)
	17	re De Grace, Md.	Means of Injury	Injured at work?	-
19 (Day ree'd by	2-9 19 45 registrar)	In E. D. Registra	23. SIGNATURE A.E. TROLLIN	GER Lt.Col. Moc ration Date signed	9-29-45

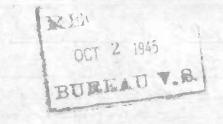
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MARYLAND STATE DEPARTMENT OF HEALTH

	PARTMENT OF HEALTH s St., Baltimore	448456
CERTIFICAT	E OF DEATH	Reg. Dist. No. 94
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in ebove place of death? Hospital, institution, or street eddress where death occurred:	2. USUAL RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother State County County County County City or town	TION)
3. (a) FULL NAME		(b) Social Security Number
Lany J. Swachh	anner.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced what married with the sexual color of	MEDICAL CERT 2D. DATE DE DEATH	FICATION 50
8.(b) Name of hueband or wite Living E. Swalkingman	21. I CERTY that with occurred on the date above state	ed; that l'attended deceased from
7. Birth date of deceased (mo., day, yr.) Feb. 2, 8 (e) if alive, give ageyears	and that I last saw h	DURATION DURATION
8. AGE: Years Months Days If less than one day Z 3hrsmin.	Immediate cause of death	1100
9. Birthplace	Due to.	
E 12. Name William States	Dther conditions	
14. Maiden name // Stry anne Sinclair	(Include pregnancy within 3 months Major findings of operations	of death)
16. Informant desiris & Alfrasiahanner	Autopay results	
Address MMULL Fund 11. 17. Bate thereof (month) (day) (year) Cemetery or crematory (Manual Manual Company (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fil Accident, suicide, or homicide	Date of
Location Alkary Mill Assiral	(City or town) Injured at home, farm, Industry, public place (where?)	
18. Funeral director de la Caral Sanda San	Means of Injury Lagran	Injured at work?
19. Sand. 29 1945 Sheen E. Dougharty Registrar	23. SIGNATURE POT DEBO	M. D. or other Date Mened 9/28/45

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PLEASE WRITE





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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 392 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nesrest town) How long in above place of death? 25 Hospital, Institution, or street address where death occurred: (If rurai, give LOCATION) 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1036 Week 21 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death..... Months 8. AGE: 9. Birthplace.....Q 1D. Usual occupation 11. Industry or business arven walto important. Anclade pregnancy within (months of death) 13. Birtholace 14. Maiden na 15. Birthplace Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22, VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Accident, suicide, or homicide...... Date of (Buriai, cremation, or removal, Which?) Where did injury occur?(City or town) Cometery or crematory. Injured et home, farm, Industry, public place (where?) Injured at work? Means of Injury Address 23. SIGNATURE M. D. or other ate rec'd by registrar)



1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 140-

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town (1f ontside city or town limits write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(g) If veteran name war

3. (b) Social Security Number

(If outside city or town limits, write RURAL and give respect, town)			
Hespital Institution, or street address where death occurred:			
New long in hospital or institution? 2 day 2 '			
3. (a) FULL NAME Vouth Word.			
4. Sex 5. Color or race 6.(a) Single married, wildowed, or divorced With the sex of th			
6.(6) Name of husband or wi(e			
7. Birth date of deceased (mo., day, yr.) Fello-13/926.			
8. AGE: Years Months Days If tess than one day			
9. Birthplace Transcription of the state of			
10. Usual occopation.			
12. Name Touris Coi My			
14. Maldeo name Allie Stell:			
15. Birthplace Awelle Coly, 16. Informant Dellis Jouns.			
Address mohegau. M. Va.			
17. Remote Bate thereof Sept 12+1945 (month) (day) (year)			
Cemetery er crematory Welch Causting Location Welch W Virginia			
11.00			
CINA			
Address Clitton Mid			

(Date yee'd by registrar)

MEDICAL CERTIFICATION		
20. DATE OF DEATH Sept 11 19 CLS.	81550	
21. I CERTIFY that death occurred on the date above stated; that I attended deceas	ed frem	
	13	
and that I last saw halive on	19	
Immediale cause of death.	DURATION	
are to perfection		
Due to the state of the state o	% :	
Due to fin fact to a fine	*******	
Other conditions Start 3 no feel alice (Incinde pregnancy withins months of death)	*********************	
Major fiudiuge of operatious.	*******************	
Date of op		

PHYSICIAN: Please underline the cause to which death should be charged statistically,

22. VIOLENCE: If death was due to external causes, fill in the following;

21 SIGNATURE MODELLA COLLABORITATION OF COLLABORITA

HANGE OF BEAUTIFIED

SEP 19 1945
BUREAU V.S

Contract to the state of